

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024072

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 190

VS 300  
Rev. 4/59

1 0425

2 0420

3

4 1

5 1

6

7 0

8 1

9 581.0

10

11

12 2-2

13 10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 8 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in lb

5-22-63

c. FULL NAME OF (If NOT in hospital, give location)

Walden Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE

Missouri

6. COUNTY

Henry

c. CITY

OR TOWN

Zurich

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

Sen. Dalmery

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

ESTHER M WALTON

4. DATE OF DEATH

July 5 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/21/1916

9. AGE (last birthday)

46

10. UNDER 1 YEAR

10 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James C. Tanswater

13b. MOTHER'S, MAIDEN NAME

Effie Marrow

14. NAME OF HUSBAND OR WIFE

Chester Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

NO.

17. INFORMANT

Chester Walton Zurich MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypostatic Pneumonia

72 hours

DUE TO (c)

Cirrhosis of the Liver

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 7/5/63 and last saw her alive on 7/5/63. Death occurred at 7/5/63 3:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Walden

22b. ADDRESS

105 E Ohio

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-8-63

23c. NAME OF CEMETERY OR CREMATORY

Hill Crest

23d. LOCATION (City, town, or county)

Ballston

(State)

MO

24. FUNERAL DIRECTOR

F.L. SCHABERG Clinton MO

25. DATE REC'D. BY LOCAL REG.

July 5 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STG/S-1-NM

0420  
0430

1  
1  
0  
1  
2210

8-8

Permit Obtained 7-5-63 (M.B.)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.